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Approved for use through 10/31/2002. OMB 0651-0032

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Attorney Docket Number

DECLARATION FOR UTILITY OR		Attorney Dock	et Number				
DESIGN		First Named In	ventor	JAGER, Willem			
PATENT APPLICATION		C	COMPLETE IF KNOWN				
(37 CFR 1	.63)	Application Nur	nber				
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date					
Declaration Submitted OR with Initial		Group Art Unit					
Filing		Examiner Name	•				
As a below named inventor, I he	ereby declare that:						
My residence, mailing address, ar	nd citizenship are as state	ed below next to my nar	ne.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
CASTER MOUNTED REEL MOWER							
the enecification of which	(Tit	tle of the Invention)		,			
the specification of which is attached hereto							
OR		as United Si	ates Application	on Number or PCT International			
was filed on (MM/DD/YYYY)							
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached? d YES NO			
PCT/CA02/01062 2,353,030	PCT Canada	07/11/2002 07/13/2001	0000	Š			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date	(MM/DD/YYYY)	numb suppl	ional provisional application pers are listed on a emental priority data sheet SB/02B attached hereto.			
			_				

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

	Customer Nur or Bar Code L		22839		OR X	Correspondence address below		
Name RICHES, McKENZIE & HERBERT LLP								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) Willem			Family Name JAGER or Surname					
Inventor's Signature Date								
Residence: City Breslau State O		State ON	NT Country CA		Citizenship CA			
Mailing Address 1320 Rider Road								
Mailing Address								
City Breslau	State Ontario		ZIP NOB 1M0		Country Canada			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's								
Signature			<u> </u>			Date		
Residence: City State			State		Country	Citizenship		
Mailing Address								
Mailing Address								
City	State ZII			ZIP		Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								